PDH-CPG Toolbox

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PDH-CPG: What Is It?

- The acronym PDH-CPG stands for:

  The DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline

Presentation Objectives

- Describe the PDH-CPG and related training materials
- Discuss process re-engineering principles involved PDH-CPG roll out
- Discuss the Toolbox role in promoting acceptance and use of the PDH-CPG

Presentation Outline

- History of the PDH-CPG
- Process Re-engineering Considerations
- PDH-CPG Revitalization in 2003
- PDH-CPG Toolbox
- Summary and Next Steps

History of PDH-CPG – Institution of the Comprehensive Clinical Evaluation Program (CCEP)

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- 700,000 US troops participated in the Persian Gulf War in 1991
- A number of Gulf War veterans subsequently complained of physical symptoms they attributed to their Gulf War deployment
- The DoD and VA developed a registry to track the health of these veterans and clinical programs to treat them
- The Comprehensive Clinical Evaluation Program (CCEP) was instituted in June 1994

CCEP Design

- CCEP was designed to:
  - Strengthen coordination between DoD and VA
  - Streamline patient access to medical care
  - Perform clinical evaluations to treat patients
  - Provide a standardized, staged evaluation and treatment program
  - Assess possible Gulf-War-related conditions

CCEP Stepped Care Model

- Phase I
  - Medical history, physical examinations, and laboratory tests by CCEP physician coordinator at each MTF
- Phase II
  - Primary Care Provider refers patient for specialty consultations
  - Targeted, symptom-specific examinations, lab tests, and consultations
- Phase III
  - The Specialized Care Program provided by the Deployment Health Clinical Center (DHCC)
  - An intensive, three-week, multi-disciplinary rehabilitation program for patients with deployment-related chronic illness or Medically Unexplained Physical Symptoms (MUPS)

CCEP Evaluation

- DoD asked the Institute of Medicine (IOM) to evaluate the adequacy of the CCEP
- The IOM produced five reports evaluating the CCEP between 1994 and 1997
- The IOM noted that it was a mistake to separate deployment healthcare from primary care

IOM Recommendations

- Focus evaluations and care of deployed forces at the primary care level
  - To enhance continuity of care
  - To foster the establishment of ongoing therapeutic relationships
  - To avoid patient frustration with repetitive testing and evaluations for difficult-to-diagnose deployment-related conditions
- Create standardized guidelines for the screening, assessment, and treatment of deployment-related health concerns
- The PDH-CPG and related guidelines were created in response to these recommendations

CCEP Transition to the PDH-CPG

- **The DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline** was completed by an expert multi-disciplinary, multi-agency panel in 2001
- The CCEP was transitioned to the PDH-CPG in 2002
- Rollout of the PDH-CPG commenced with a worldwide satellite broadcast January 2002

PDH-CPG Differences from CCEP

- CCEP
  - Target patient population:
    - Gulf War veterans with symptoms
    - Veterans only
    - Gulf War only
  - Focused on exhaustive medical evaluations for affected veterans
  - Post-deployment healthcare provided by specialists instead of Primary Care Providers

- PDH-CPG
  - Target population expanded:
    - Active duty, retired, deployed, non-deployed
    - All deployments including homeland
    - Family members
  - Post-deployment healthcare provided and managed by Primary Care Manager
  - DHCC consultation available

PDH-CPG Use Mandated by Health Affairs – April 2002

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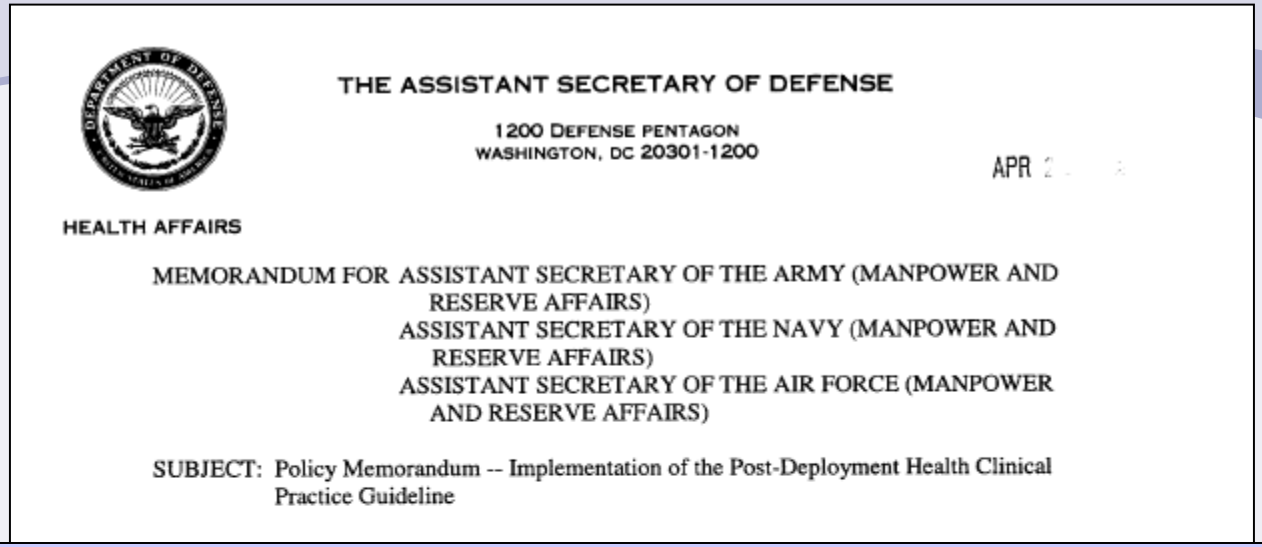

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical Practice Guideline

"All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline …the military unique vital sign question '*Is the reason for your visit today related to a deployment?*' should be asked of every patient…providers will review and employ, as needed, this guideline during their evaluations…"

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Begin With the End in Mind

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- Why implement PDH-CPG?
  - Key Reason: **To provide high quality care to military healthcare beneficiaries**
  - Reduce or eliminate situations where difficult-to-diagnose deployment-related conditions are not speedily treated
  - Ensure that all military healthcare providers have the expertise, tools, and referral options needed to care for this patient population

Key Challenge

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- How to change the way every MTF works?
- How to change the way every military Primary Care Provider goes about treating patients?
- A Key Indicator: Is the military unique vital sign question *'Is the reason for your visit today related to a deployment?'* asked of every patient?

Culture Change Strategy for the 2002 Rollout

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- Guideline Implementation Champion and Team were to be set up at each MTF
- Clinician and Patient Education – encouraging patient's active role in care
- Creation and Use of Tools
  - Tools can relieve barriers to change
  - Periodic review of tools allow changes in system processes
  - Tools provide systematic method for measuring progress in improving processes and outcomes of care
  - Standardization can support high quality care as patients and staff move within the DoD Healthcare System
- Tool Kit created to support the adoption and use of the PDH-CPG
  - Target audience included all members of the MTF team

Original 2002 PDH-CPG Tool Kit

- Large, heavy 23” x 12” x 11” canvas satchel contained:
  - 2.5” Three-ring binder
    - Narrative CPG with Questionnaires
    - Sample/Description of each tool and support strategy
  - 8.5” x 11” Provider Reference Cards
  - Hardcopy Documentation Form (DD 2844)
  - Clinic Stamps
  - Reference Book(s)
  - List of Related Web Sites
  - Patient Informational Brochures
  - Patient Marketing Tools

Lessons Learned from 2002 Rollout

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- Challenges with distribution of the Tool Kits
- Tool Kit too big, complex
- Culture change initiative not completely effective
- National Quality Management Program (NQMP) evidence shows that not all MTFs, not all Primary Care Providers are using the guideline
- Not all Primary Care Providers are aware of the existence of the DHCC Specialized Care Program

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PDH-CPG 2003 Revitalization

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- A response to terrorist attacks and Operations Enduring Freedom and Iraqi Freedom
- Increased urgency in ensuring that every Primary Care Provider knows how to manage patients with deployment-related health concerns
- DHCC tasked with providing PDH-CPG revitalization support in 2003

2003 PDH-CPG Revitalization Plan

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- Revitalization plan included:
  - PDH-CPG Training Needs Assessment Survey
  - PDH-CPG VTCs
  - Replenishing 2002 Tool Kits
  - Operation Solace Care Managers mentored MTF staff in PDH-CPG adoption
  - PDH-CPG and 2002 Tool Kit made available on DHCC Web site, PDHealth.mil
  - Commenced design and distribution of additional support materials and products, including the Toolbox

Approach

- Multi-modal training and reference tools to support culture change
  - Web-based or CD-based training, short/focused as well as more intensive
  - Modular training to accommodate busy clinician's schedule
  - Tools, brochures, reference materials in multiple formats
  - Training team made available to travel or answer inquiries by email or phone
  - PDH-CPG Toolbox fits into this multi-modal communications strategy

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2003 PDH-CPG Toolbox Design Considerations

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- Small portable tools
- Pocket-sized, laminated
- Ease-of-access
  - Color-coding
  - Index readily available
- Tools not intended as textbooks, but as reminders
  - Concise information
  - Targeted to role of Primary Care Provider
    - Consultation and referral

PDH-CPG Toolbox

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PDH-CPG Toolbox

- PDH-CPG Providers Desk Reference Toolbox is sized to fit neatly on the desktop and contains:
  - Toolbox Reference Cards - 7.25” x 5”
    - fit in a lab coat pocket
    - laminated
    - easy to locate color-coded categories
  - Index of categories is found in the Toolbox lid
  - Sample copies of PDH-CPG Clinician and Patient Brochures
  - Vaccine Healthcare Center’s Immunization Tool Kit
  - MEDCOM CD containing Clinical Practice and Disease Management Guidelines
  - DHCC CD containing a stand-alone copy of the PDH-CPG Interactive Guideline
  - PDH-CPG Training Briefs and Training Modules on CD

Toolbox Index

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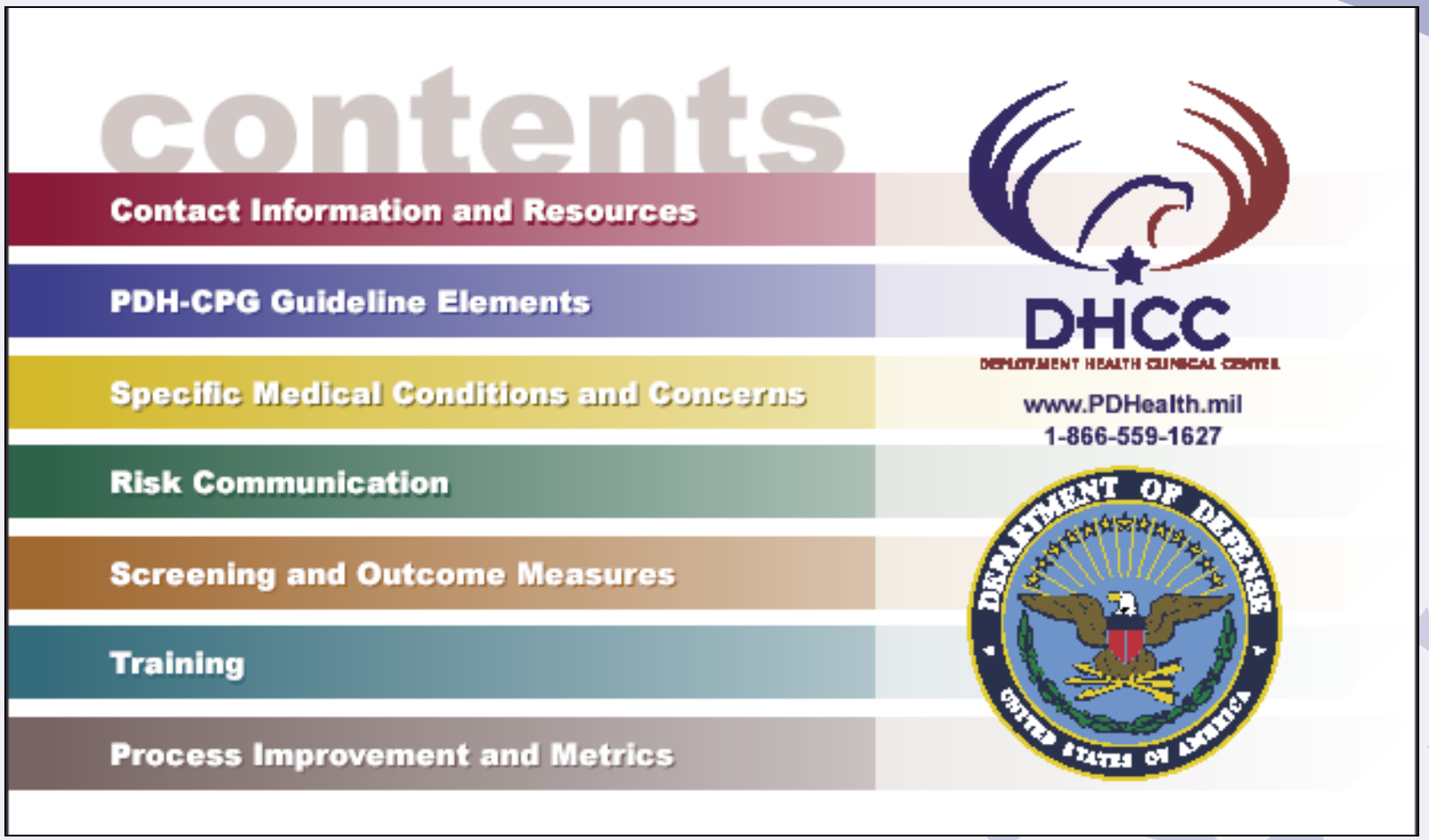

Toolbox Reference Card Categories

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- DHCC Contact Information and Resources
  - Including the Specialized Care Program
- PDH-CPG Guideline Elements
  - PDH-CPG algorithm
  - Military-unique vital sign
- Specific Medical Conditions and Concerns
  - Including DU and MUPS
- Risk Communication
- Screening and Outcome Measures
  - Including the DD 2796 Form Primer
- Training
- Process Improvement and Metrics

Example Reference Cards: DD Form 2796 Primer

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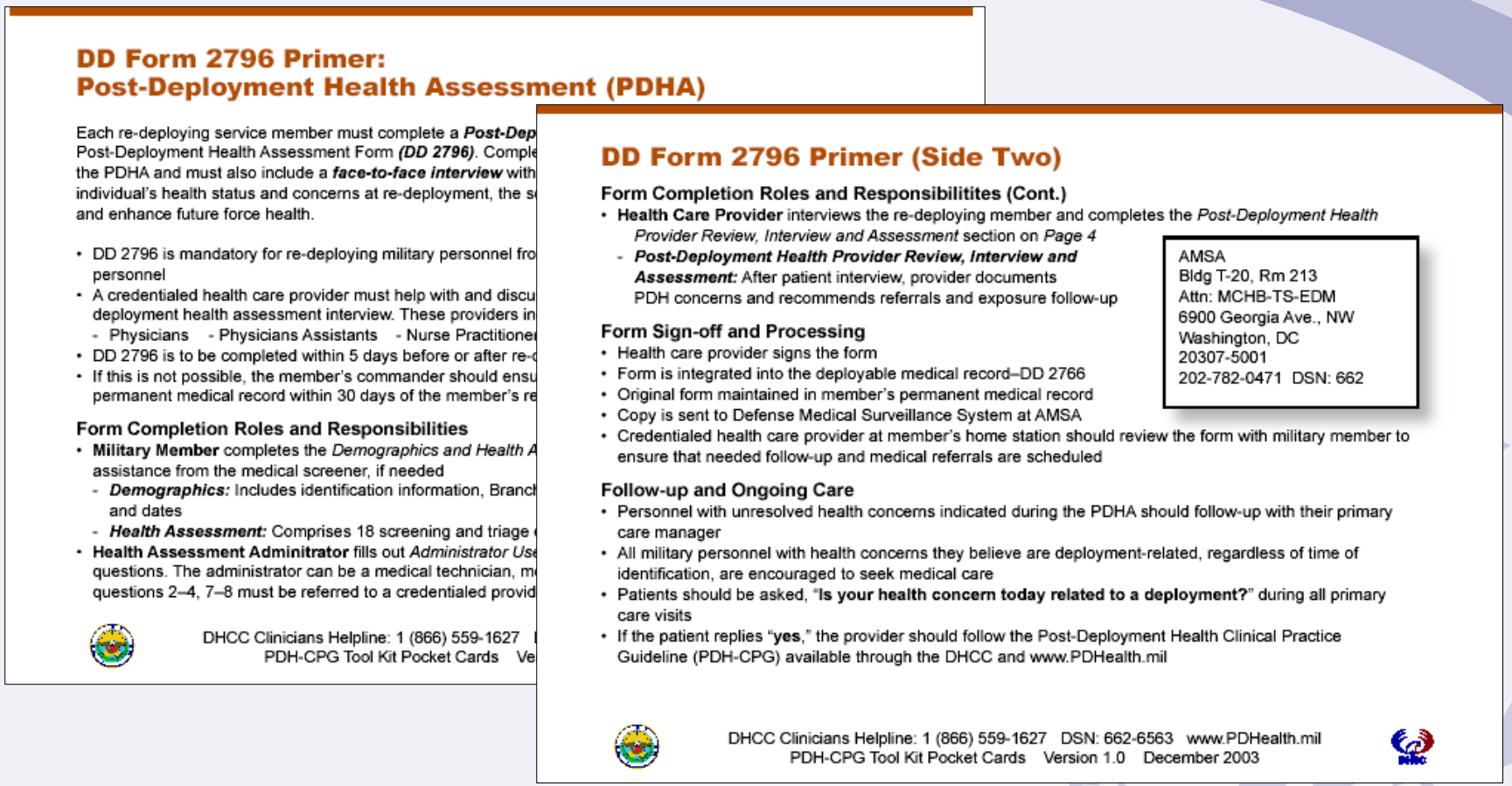

DD Form 2796 Primer: Post-Deployment Health Assessment (PDHA)

Each re-deploying service member must complete a ***Post-Dep***
Post-Deployment Health Assessment Form ***(DD 2796)***. Comple
the PDHA and must also include a ***face-to-face interview*** with
individual's health status and concerns at re-deployment, the s
and enhance future force health.

- DD 2796 is mandatory for re-deploying military personnel fro
  personnel
- A credentialed health care provider must help with and discu
  deployment health assessment interview. These providers in
  - Physicians - Physicians Assistants - Nurse Practitioner
- DD 2796 is to be completed within 5 days before or after re-
- If this is not possible, the member's commander should ensu
  permanent medical record within 30 days of the member's re

Form Completion Roles and Responsibilities

- **Military Member** completes the *Demographics and Health A*
  assistance from the medical screener, if needed
  - ***Demographics:*** Includes identification information, Branch
    and dates
  - ***Health Assessment:*** Comprises 18 screening and triage
- **Health Assessment Administrator** fills out *Administrator Use*
  questions. The administrator can be a medical technician, m
  questions 2–4, 7–8 must be referred to a credentialed provid

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DD Form 2796 Primer (Side Two)

Form Completion Roles and Responsibilitites (Cont.)

- **Health Care Provider** interviews the re-deploying member and completes the *Post-Deployment Health Provider Review, Interview and Assessment* section on *Page 4*
  - ***Post-Deployment Health Provider Review, Interview and Assessment:*** After patient interview, provider documents PDH concerns and recommends referrals and exposure follow-up

AMSA
Bldg T-20, Rm 213
Attn: MCHB-TS-EDM
6900 Georgia Ave., NW
Washington, DC
20307-5001
202-782-0471 DSN: 662

Form Sign-off and Processing

- Health care provider signs the form
- Form is integrated into the deployable medical record–DD 2766
- Original form maintained in member's permanent medical record
- Copy is sent to Defense Medical Surveillance System at AMSA
- Credentialed health care provider at member's home station should review the form with military member to ensure that needed follow-up and medical referrals are scheduled

Follow-up and Ongoing Care

- Personnel with unresolved health concerns indicated during the PDHA should follow-up with their primary care manager
- All military personnel with health concerns they believe are deployment-related, regardless of time of identification, are encouraged to seek medical care
- Patients should be asked, "**Is your health concern today related to a deployment?**" during all primary care visits
- If the patient replies "**yes**," the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) available through the DHCC and www.PDHealth.mil

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Example Reference Cards: PDH Clinic Visit

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PDH Concerns Clinic Visit Guidance

How to ask the question: "Is your health concern today related to a deployment?"

Focus on chief complaint rather than if patient has **any** PDH complaints

Deployment is not necessary for patient to have PDH concerns

- Spouse or child may have concern related to sponsor's recent dep
- Patient may have questions about future or past deployments
- Ask this question whether patient is active duty, retired, family mem

How to respond to patients questions

1) "What do you mean?" or "What do you mean, deployment-re

Goal is to record patient's perception of deployment-relatedness not

- To help patient answer, ask if patient or a loved one has been dep
  If so, is today's visit related to that deployment
- Review examples of deployment concern or condition (see reverse

2) "What is deployment?" Avoid narrow definitions of deployment.

and return to the question: "Do you feel your health concern today is

3) "I don't know if it is deployment-related" Mark the "maybe" res

- When in doubt, always focus on the concern rather than the deplo

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PDH Concerns Clinic Visit Guidance (Side Two)

Deployment Examples

Overseas Deployment

- Military liaison and training support
- Humanitarian assistance
- Low-intensity conflict
- Peacekeeping
- Joint or coalition force exercises
- Combat/War

Within the US

- Fighting forest fires
- Maintaining civil order
- Construction projects
- Providing disaster relief
- Responding to terrorist attack
- Drug interdiction
- Airport security

Deployment-Related Concern or Condition Examples

- Deployed man twists his ankle; injury persists after returning home
- Post-deployed woman blood-donor expresses concern about donating
- Although not deployed, man is concerned about effects of vaccine
- Spouse complains of rash after washing clothes worn by member while deployed
- While deployed, woman suffers a toxic exposure and later gets sick from it
- Spouse complains that her child is having nightmares since member returned from combat

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Example Reference Cards: PDH-CPG Algorithm A1

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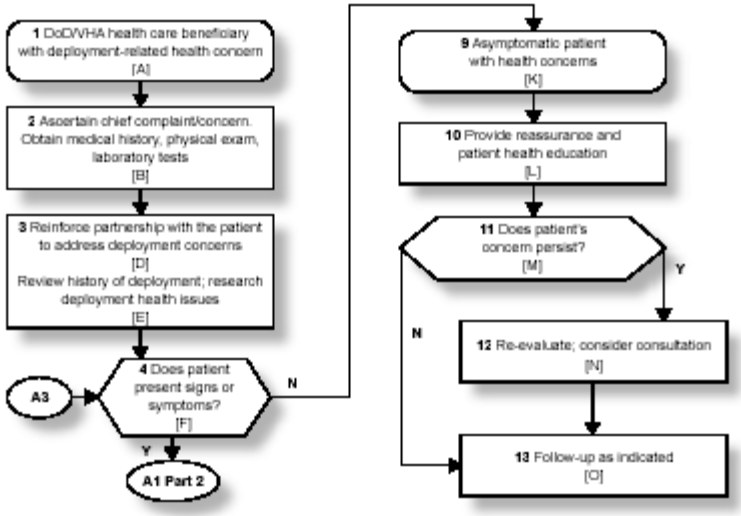
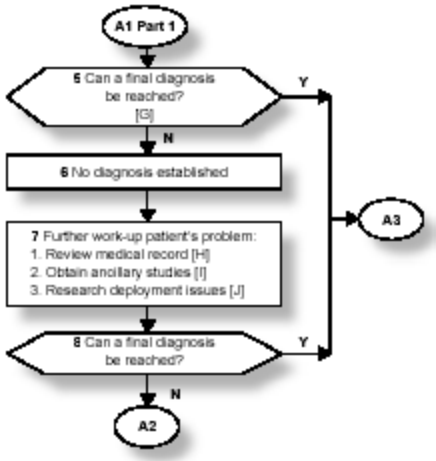
PDH-CPG Algorithm 1 (Part 1)


1 DoD/VHA health care beneficiary with deployment-related health concern [A]
2 Ascertain chief complaint/concern. Obtain medical history, physical exam, laboratory tests [B]
3 Reinforce partnership with the patient to address deployment concerns [D]
Review history of deployment; research deployment health issues [E]
4 Does patient present signs or symptoms? [F]
A3
N
Y
A1 Part 2
9 Asymptomatic patient with health concerns [K]
10 Provide reassurance and patient health education [L]
11 Does patient's concern persist? [M]
Y
N
12 Re-evaluate; consider consultation [N]
13 Follow-up as indicated [O]

PDH-CPG Algorithm 1 (Part 2)



Deployment

Any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from the military member's normal duty assignment (DoD, JP 1-02, 1994).

Military members meet deployment criteria anytime they leave the physical locale of the parent command and enter an environment for operational deployment or are stationed in hostile territory.

This guideline also applies to family members' health concerns that relate to deployment. [C]

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The DHCC may be contacted for clinical consultation and patient education on deployment health issues. [BB]

Example Reference Cards: Major Depressive Disorder CPG

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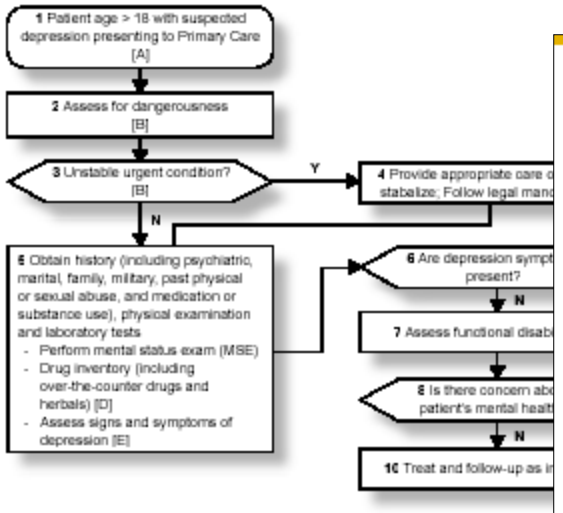
MDD Guideline Algorithm *Page A1*


1 Patient age > 18 with suspected depression presenting to Primary Care [A]
2 Assess for dangerousness [B]
3 Unstable urgent condition? [B]
Y
4 Provide appropriate care
stabilize; Follow legal
N
5 Obtain history (including psychiatric, marital, family, military, past physical or sexual abuse, and medication or substance use), physical examination and laboratory tests
- Perform mental status exam (MSE)
- Drug inventory (including over-the-counter drugs and herbals) [D]
- Assess signs and symptoms of depression [E]
6 Are depression
present?
N
7 Assess functional
8 Is there concern
patient's mental
N
10 Treat and follow-up as

Major Depressive Disorder (MDD) Guideline
Patient Assessment

SIG E CAPS—Symptoms of Major Depressive and Dysthymic Disorders

- **S** **S**leep problems*
- **I** **I**nterest deficit
- **G** **G**uilt, worthlessness*, hopelessness*, regret
- **E** **E**nergy deficit*, fatigue
- **C** **C**oncentration deficit*
- **A** **A**ppetite disorder*—either increased or decreased
- **P** **P**sychomotor retardation or agitation
- **S** **S**uicidality

Note: To meet a diagnosis of major depression, a patient must have 4 of the symptoms plus depressed mood or anhedonia for at least 2 weeks. To meet a diagnosis of dysthymic disorder the patient must have 2 of the 6 symptoms marked with an asterisk (*) plus depressed mood for at least 2 years.

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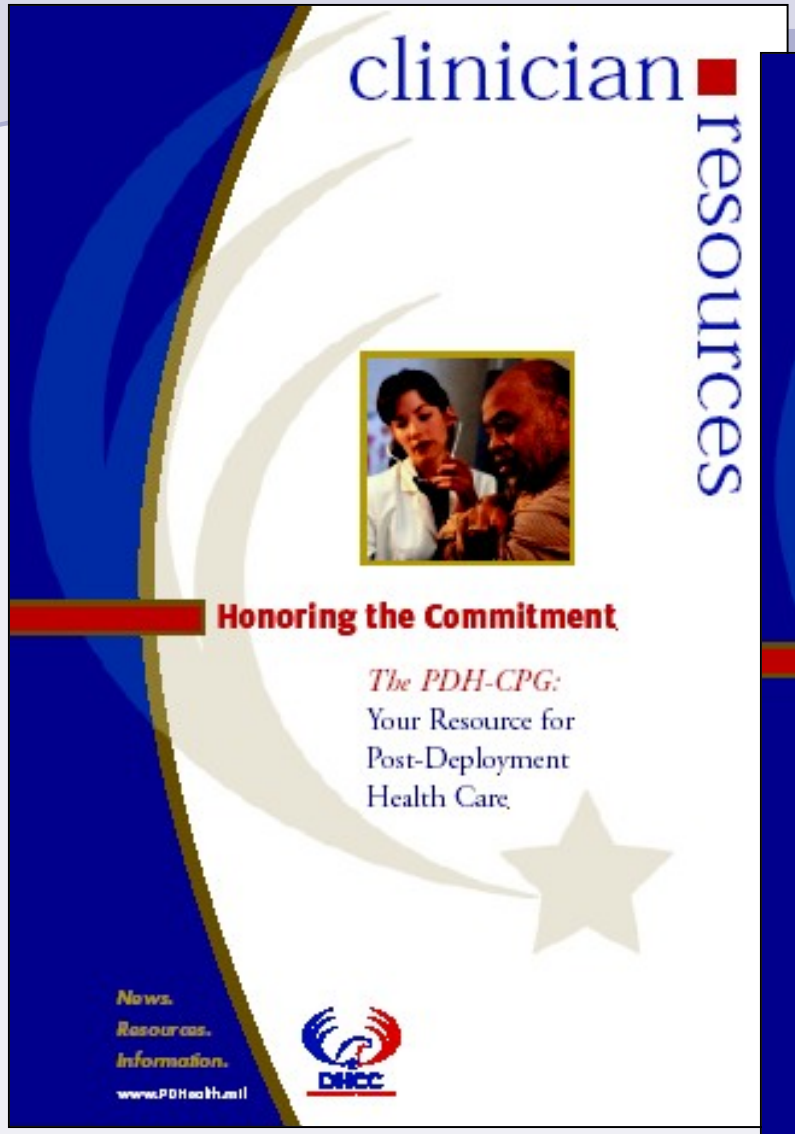
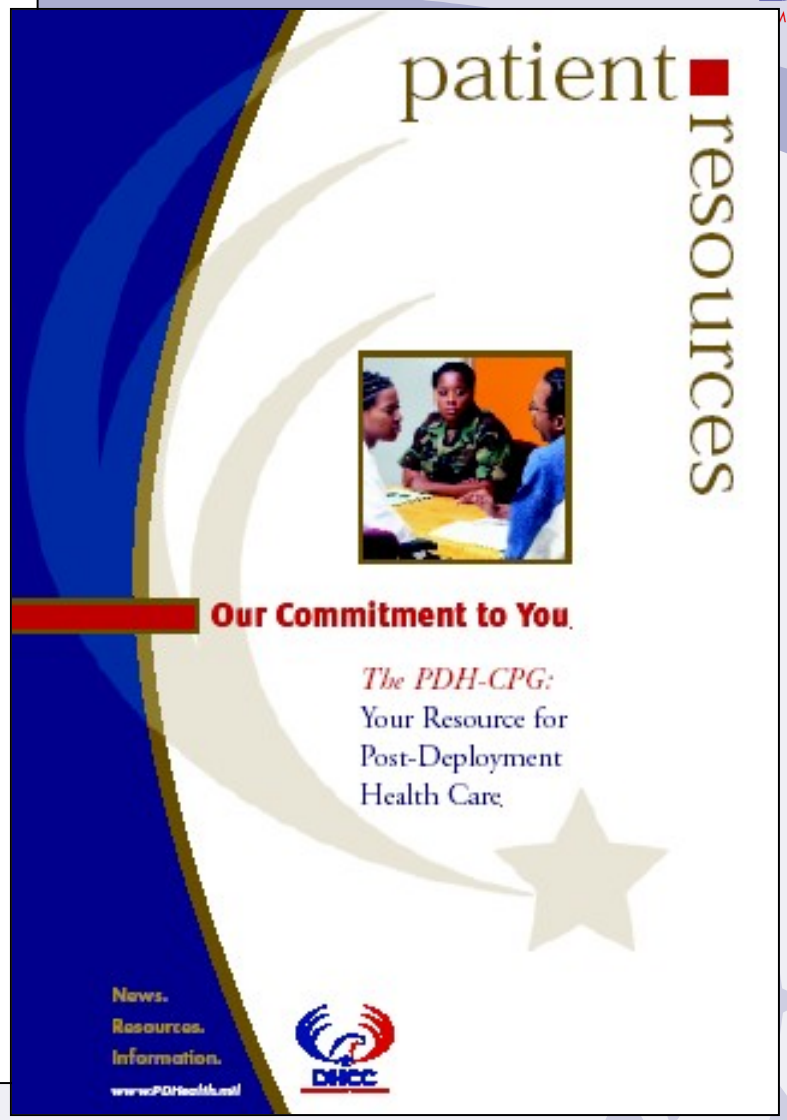
Clinician and Patient Brochures





CD Reference and Training Resources

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- MEDCOM CD containing Clinical Practice and Disease Management Guidelines
- Stand-alone copy of the PDH-CPG Interactive Guideline
- PDH-CPG Training Briefs & The Epic of Gilgamesh
- Deployment Health Clinical Training Series

Toolbox Addresses Top Items from Needs Assessment Survey

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- **Treatment Algorithms 68%**
  - Algorithm Reference Card provided
- **Treatment for MUS 67%**
  - Reference Cards provided
- **Forms (DD2796, 2844) 57%**
  - Primers for DD 2795, 2796, 2844, SF-36 provided
- **Supporting guidelines 50%**
  - MUS
  - MDD, Suicide Screening
  - DU
  - Vaccine Health

Top Items from Needs Assessment Survey (cont.)

- **Clinical tools 48%**
  - Providers are referred to the PDHealth.mil and Clinicians Helpline
- **Clinical Health Risk Communication 48%**
  - Resources provided
- **DHCC Support 46%**
  - Contact and Reference information provided
- **PDH Screening Question 46%**
  - Reference card on how to ask the military-unique vital sign

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Summary and Next Steps

- In Summary, the PDH-CPG Toolbox should:
  - Help Primary Care Providers treat patients with deployment-related health concerns
  - Promote PDH-CPG integration in MTFs
  - Minimize frustration for patients who present with difficult-to-diagnose deployment-related health concerns
- Next Steps
  - Finish distribution to Primary Care Providers
  - Assess effectiveness

Questions, Information, Assistance

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Website: www.PDHealth.mil

Patient Helpline
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